

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XCV.—THURSDAY, JULY 13, 1876.—NO. 2.

NOTES OF A SUCCESSFUL CASE OF EXTIRPATION OF THE UTERUS, WITH BOTH OVARIES, FOR FIBRO-CYSTIC DISEASE, BY GILMAN KIMBALL, M. D.¹

REPORTED BY SILAS D. PRESSEY, M. D.

MRS. W. J. B. was born in Taunton, June 6, 1839, of healthy parents, and, so far as hereditary taints are concerned, with healthy ancestors. During girlhood and womanhood she has enjoyed good health; commenced to menstruate at fourteen years of age, and menstruation has since been normal, except in instances hereinafter to be mentioned.

She was married January 9, 1868, and was delivered of a daughter after a natural labor, October 8, 1869; made a perfect recovery, and continued in good health till April, 1874, at which time she found a small bunch in the left inguinal region, apparently about the size of an English walnut. It gave her no inconvenience, except by the consciousness of its presence. She first consulted a physician regarding it in September, 1874, when the writer was called. Mrs. B. was at that time between thirty-five and thirty-six years of age, "a slender person, of 'fair' size, with sharp features, dark complexion, black eyes and hair," of peculiarly nervous, wiry temperament, which, as Dr. Bixby in his Successful Case of Ovariectomy says, "is a condition often seen to act most favorably in sustaining the vital forces, either against the effects of sudden shock induced by severe operations, or by the more prolonged effect of chronic affections." She did not consider herself ill, but was anxious to learn the nature of the "bunch" in the abdomen. A rounded tumor, apparently about five inches in diameter, was found in the left and lower portion of the abdomen, movable, falling toward either dependent side, but not so far to the right as to the left. By vaginal examination was found a normal vagina, the uterus inclined to prolapse, but not very movable, and anteverted at the inner os. The os uteri appeared patulous, and the arbor vitæ showed very plainly on the posterior part of the exposed canal. The length of the uterine cavity was not determined, as it was found very difficult to introduce the sound beyond the inner os. The diagnosis of ovarian tumor, with possibly fibrous enlargement of the uterus, was ventured. In the lat-

¹ From the Report of the Bristol North District of the Massachusetts Medical Society.

ter part of the same month patient consulted Dr. Sylvanus Clapp, of Pawtucket, and in May, 1875, sought advice of Dr. Gilman Kimball, of Lowell, both of whom diagnosed ovarian tumor, and suggested operation. September 21, 1875, she entered the Massachusetts General Hospital, where she came under the care of Dr. C. B. Porter, of Boston, who also made the same diagnosis, and advised tapping as a palliative, telling her that probably the case would afterwards come to operation. September 22d paracentesis was done by Dr. Porter, and fifteen and a half quarts of pale, yellow, serous fluid were removed.

On Saturday, 25th, contrary to advice of her physician, she returned home, where she remained very comfortable for a short time, but in about five weeks seemed as large as before the operation. The uterus became very much prolapsed, so that a Meigs's ring was worn to prevent procidentia. Patient became nervous and exhausted, and very much emaciated. Again she sought advice of Dr. Kimball, who, as before, suggested operation, and January 5, 1876, was agreed upon as the day for its performance, that date being the middle of her menstrual month.

January 4, 1876. The patient was found about the house, making preparations for the morrow, in good spirits and anticipating a speedy relief from her burden. An ounce of castor-oil was ordered, to be taken in the afternoon.

January 5th, A. M. The bowels had been thoroughly unloaded, the rectum cleansed by an enema of warm water, and the bladder emptied. Everything was in readiness for the operation, and etherization was commenced at half past eleven o'clock. There were present Dr. Kimball, of Lowell, who performed the operation, Dr. Clapp, of Pawtucket, and Drs. Murphy and Presbrey, of Taunton. Patient came slowly under the ether, and the operation was begun with the ordinary incision in the median line below the umbilicus. The abdominal walls were very thin, with but little adipose material. There then appeared in view a fleshy-looking substance of the peculiar dark pinkish color characteristic of fibrous growth. The tumor was tapped, and a quantity of straw-colored fluid flowed freely through the canula. By this proceeding the bulk of the tumor was greatly reduced, but there still remained a considerable fullness in the lower part of the abdomen. The sac was found quite adherent to the peritoneal lining of the upper anterior portion of the abdomen. These adhesions were carefully torn away with the fingers, and the sac brought out through the incision. There was no adhesion at the point of former tapping. Upon drawing the mass up, the pelvis was found to be nearly filled by a fibrous growth which formed the lower portion of the sac, from one to three inches in thickness, and gradually fading upwards into the thin walls of the cyst. The fibrous growth was found to extend by prolongation to the uterus, and to be

thoroughly blended with that organ, making one continuous substance. Both ovaries had small cysts in their substance.

As a preliminary measure the broad ligament was perforated upon the left side, to the left of the ovary, and a silk ligature was passed around it and firmly tied. The tissues between the ligature and the tumor were then divided. A considerable hæmorrhage from the cut surface occurring, a temporary ligature was applied, to prevent the bleeding from the tumor. It now became possible to bring out the whole mass through the incision, and the wire *écraseur* was applied at a point corresponding to the external os, involving the remainder of the broad ligament and the round ligament of the left side, the upper part of the vagina, and the round and broad ligaments of the right side beyond the right ovary. The wire was tightly drawn and twisted for security, and the mass removed by the knife. The *écraseur* was allowed to remain, and the stump was transfixed just outside of the loop of the *écraseur* with a curved trocar, which was arranged to give additional security against the return of the stump into the abdominal cavity. The abraded surface of the peritoneum, where the adhesions had been torn away, was carefully wiped with a dry cotton cloth to make sure that there was no hæmorrhage and that no clots were left, the wound was closed with silk sutures, and the stump cauterized with the hot iron. Care was taken throughout the operation to keep the room at a high temperature (70° to 80°), and to hold the flaps of the incision close to the tumor, that the abdominal organs might be as little exposed to the air as possible. No dressing was applied except a folded compress of cotton cloth laid over the wound and upon the trocar and *écraseur*.

The operation was completed at half past twelve, and occupied just an hour. The pulse and respiration continued natural throughout. Soon the patient began to recover from the effects of the ether. One fourth of a grain of sulphate of morphia was administered by hypodermic injection, and she was left in the care of the nurse.

The mass which had been removed was examined, and found to consist of twenty pounds of straw-colored fluid and five pounds of solid material, the latter consisting of the cyst, the fibrous growth, both ovaries, parts of the suspensory ligaments of the uterus, and the uterus itself. The specimen was presented to Dr. J. B. S. Jackson, and is now preserved in the medical museum of Harvard University.

Four P. M. The patient recovered from the immediate effects of the ether, but was somewhat narcotized by the opiate; no pain; constant nausea and repeated vomitings. Ordered small pieces of ice, gentle support to the abdomen during vomiting, and an enema of twenty drops of tincture of opium in starch, in case of pain or restlessness. Pulse 72. Respiration normal.

Ten P. M. Condition much the same as above.

January 6th, second day. Pulse 80; little sleep; constant nausea and occasional vomiting; no pain. Catheter used twice, and one opiate enema administered. (Here I may say that both the catheter and the laudanum injection were used for the first five days by the nurse as occasion required, averaging for each perhaps once in eight hours.) Ice continued, and small quantities of iced milk and lime-water frequently given. P. M. Has had a comfortable day, except in the matter of nausea, which still persists. There was no hæmorrhage, nor did any occur during convalescence. Tongue rather dry and red; pulse 84. Treatment same as before.

January 7th, third day. Has had some sleep; nausea still present; abdomen flat, a little blood-stained serum oozing from stump. Pulse 90; expression fair; tongue dry. The skin of the abdomen was protected, where the "irons" bore upon it, by applying clean linen cloths, which were afterwards renewed every time the wound was dressed, or rather washed, for there was but very little dressing in the case. Treatment the same, except that the subnitrate of bismuth in two-grain doses was ordered. Patient removed on sheet to opposite side of bed.

January 8th, fourth day. Looking very much exhausted; expression sunken; tongue dry, with slight brown coat. Sleep poor and pulse 120; thermometer 101.5°; no chill; abdomen flat; nausea persistent. Ordered beef-juice and brandy in addition to ice, lime-water, and milk.

January 9th, fifth day. Passed a little better night; looked rather brighter; passed water without catheter; nausea diminished; no vomiting; pulse 116; tongue dry, with brownish coat; abdomen a little fuller, particularly upon left side over descending colon; incision healed; stump discharging sero-purulent matter. Ordered same treatment, with addition of milk gruel, by request of patient.

January 10th, sixth day. Sleep not so good; looks badly again; nausea and vomiting returned; abdomen much distended; meteorism; no chills; no pain, except discomfort from distention. She attributes the bad symptoms to the fact that the gruel was made of oat-meal, which, she says, generally disagrees with her. Wound same as day before; pulse 116; tongue more coated. Discontinued all nourishment except ice and milk with lime-water. Five grains of Schoeffer's pepsine given three times daily, and abdomen rubbed freely with oil of turpentine. Patient again removed to opposite side of bed.

January 11th, seventh day. Slept quite well; had two enemata of starch and laudanum; looking much brighter; pulse 108; tongue softer; fullness of abdomen much less; some gas passed by rectum; no vomiting; nausea diminishing. Desired more solid food. In addition, milk toast and chicken broth were ordered by her request. Pepsine and turpentine continued; stitches removed; stump becoming quite offensive; dressed with weak solution of carbolic acid.

January 12th, eighth day. Passed a very good night; two opiate enemata; pulse 102; tongue cleaning, mouth not so dry; abdomen soft; considerable discharge from stump; wants to chew beefsteak, which was allowed, with chicken broth, milk, soft toast, and blanc mange. Gelatine capsules of sulphate of quinia, one grain, ordered before meals three times daily, and pepsine *pro re nata*.

January 13th, ninth day. Passed a comfortable night, and doing well; treatment continued, and roasted oysters added to diet list.

January 14th, tenth day. Looking well; cheerful; says she "feels like herself;" pulse 96; tongue and mouth much better. Treatment as before. Écraseur and trocar quite loose.

January 15th, eleventh day. Record same as above.

January 16th, twelfth day. In all respects improving. "Irons" removed; slough from stump not yet free. Ordered by injection a cupful of warm lard, to be followed after two hours by an enema of warm water and molasses.

January 17th, thirteenth day. Not quite so comfortable; injection resulted in two full dejections; no nausea; abdomen quite flat. Treatment as before.

January 18th, fourteenth day. More comfortable; appetite increasing. Beefsteak and bread allowed. Opiate enema used only at night, to insure rest.

January 19th, fifteenth day. Slough from stump found free and removed, leaving a small opening with granulating edges, and slight purulent discharge. Adhesive strap applied.

January 20th, sixteenth day. Condition good; slept well without opiate injection.

January 22d, eighteenth day. Very comfortable; removed from bed and reclining in "sick-chair."

January 25th, twenty-first day. Passed a rather restless night; some pain in bowels; no dejection since the 17th; abdomen fuller. Ordered limited diet and one half ounce of castor-oil.

January 26th, twenty-second day. Much better; bowels relieved; abdomen flat.

January 29th, twenty-fifth day. Convalescing rapidly. Opening in abdominal walls nearly filled with granulations.

February 1st, twenty-eighth day. Improving; is able to bear weight on feet; has one natural dejection daily, and good sleep and appetite.

February 7th, thirty-fourth day. Improving; has walked a few steps; opening full, and commencing to glaze over.

February 10th, thirty-seventh day. A sharp attack of colic, with distention of bowels and great meteorism. Relieved by an alkaline cathartic and aromatics, with turpentine externally. Wound nearly well.

March 1st. Is once more about the house, and considers herself entirely well.

A CASE OF POST-DIPHTHERITIC PARALYSIS.

BY A. F. REED, M. D. HARV.

IN October, 1875, being twenty-six years of age and in good health, after two months' constant exposure to diphtheria, I was inoculated from a child two years old, who, on examination, coughed portions of the membrane into my face. Six days after this exposure I was seized with a chill, followed the next day (October 28th) by the appearance of a diphtheritic deposit on one tonsil. The deposit was limited to the tonsils and back part of the pharynx, and in nine days disappeared. Exhaustion and great gastric irritability retarded convalescence. Four weeks passed before I was able to sit up. Two weeks after convalescence was declared, a sharp, lancinating pain in the left axilla was noticed, recurring two or three times at short intervals. In a few days, after seeing visitors or talking a little, severe and constant pain in the elbow-joints occurred, which soon extended to the muscles of the arm and chest. After resting these pains diminished or disappeared, and in a week entirely ceased. On attempting to rise, my limbs seemed surprisingly weak, but at the expiration of the sixth week a short walk was possible. After a brief period of improvement my legs began to grow uncertain and weak, and by December 10th I could take but a few steps. At this time a partial loss of sensation came on, beginning in the feet and gradually progressing to the trunk, together with a feeling of coldness in the feet, which, however, were not cold to the touch. This numbness increased faster than the loss of motion. Soon after its appearance in the lower extremities the ends of the fingers lost their sense of touch, the loss of power also extending in a week to the elbows, and at no time greatly affecting the arm. Loss of motion in the fingers and fore-arm accompanied it and increased for some weeks. The mouth, tongue, and portions of the face lost their sensitiveness at the same time and to the same degree. In a few days my voice grew thick, and was soon like that caused by cleft palate. The soft palate and uvula hung loosely in the mouth, and on attempting to swallow fluids they were regurgitated through the nares. Dimness of vision for a short time prevented reading. In three weeks my voice, then at times unintelligible, grew suddenly better, and in four or five days was restored. The difficulty in swallowing also soon disappeared. The loss of motion and sensation in both arms and legs increased. In walking I seemed to be on velvet; there was a sensation of coldness in my feet, and at first the circulation was retarded. The general loss of power was progressive until February 1st. It was then impossible for me to stand alone even when lifted up, to raise myself an inch from the chair by my arm, to bring my thumb and fore-finger together, or to exercise any strength in any part. The toes

hung lifeless, and no reflex action was produced on tickling the sole of the foot. The urine was voided with difficulty, and the power of erection was gone. The inter-osseous muscles were wholly paralyzed, though still reacting to the faradic current. The fingers were drawn up when the hand was at rest, but only by great effort could be straightened out again. The muscles of the arm were much weakened, but with those of the thigh retained more power than the rest. They were also the last to lose and the first to gain motion. All these muscles were more or less responsive to the faradic current, the gastrocnemius least of all. During the weeks previous and at this date my appetite was excellent, and my food well digested. From this time an improvement as general as the invasion was noticed. In one week I could lift my body in the chair an inch or two, and when standing felt more secure. In two weeks I could raise myself up from the chair mainly by my arms, and undressed without aid. At the end of three weeks I could walk about the room aided by a cane, and wrote legibly. The difficulty in voiding the urine and loss of power of erection had by this time gone. In four weeks I walked out for a short distance, and in two weeks more all paralysis had disappeared, leaving some neuralgic pains in the knees and feet, which lasted but a short time. On April 1st I walked several miles without great fatigue. Atmospheric changes made no change in my strength. Insomnia was the greatest annoyance suffered while confined to the house. Three or four hours' sleep was all that could be obtained. The loss of sleep did not, however, leave me unrefreshed.

Treatment.— From January 12th faradism to the muscles every day until February 15th, afterwards three times a week for three weeks. Tincture of nux vomica and tincture of phosphoric ether were given for ten days. The stomach rejecting these, one thirtieth of a grain of strychnine was substituted, which was increased to one fifteenth three times daily for six weeks. A pint of ale daily for two months. Friction and kneading of muscles every morning for one hour.

RECENT PROGRESS IN MEDICAL CHEMISTRY.¹

BY E. S. WOOD, M. D.

TOXICOLOGY (*concluded*).

Phosphorus.— Hilger² reports a case of phosphorus poisoning in which all of the biliary constituents were present in the urine in so large an amount that the biliary acids could be obtained in the crystalline form from only five hundred cubic centimetres. The urine was precipi-

¹ Concluded from page 11.

² Fresenius's Zeitschrift, 1876, page 105, from Archiv für Pharmacie, 207, page 385.

tated directly with basic acetate of lead and ammonia, the precipitate collected, dried, and extracted three or four times with absolute alcohol. This alcoholic extract was treated with a little carbonate of sodium, evaporated to dryness, and again extracted with warm alcohol. From this solution all of the tests for the biliary acids were obtained, and the crystals precipitated from it by the addition of ether.

Large amounts of bilirubin and biliverdin were also obtained from this urine by adding to fifty or one hundred cubic centimetres, after warming gently, a saturated solution of baric hydrate until it had an alkaline reaction. The precipitate formed, after filtering and washing, gave the color test with nitric acid directly. Usually, however, in separating the bile pigments from urine in this way, it is better to boil this precipitate with a solution of carbonate of sodium, which dissolves the pigments with a brownish or greenish color, filter, evaporate the filtrate to dryness, and test the residue, or else precipitate the pigment from the sodium carbonate solution by a dilute acid, filter, and test this precipitate.

In another case, reported by von Mering,¹ the urine was examined three or four days after the ingestion of the phosphorus. Twelve hundred cubic centimetres of urine were passed in twenty-four hours; the amount of urea was 20.5 grammes and of uric acid 1.34 grammes. There was no lactic acid, leucin, tyrosin, or albuminoid substance resembling peptone, which has been observed in many other cases. No grape sugar was detected, although two hundred grammes of sugar were taken daily, and no grape sugar was detected in the alcoholic extract from the liver after death. No biliary pigments were present in this specimen of urine. In another case the urine did contain lactic acid and but little urea.

Dr. F. Fischer has experimented with guinea-pigs² in order to determine the length of time which must elapse before free phosphorus entirely disappears from the body. For this purpose four guinea-pigs were poisoned with twenty-three milligrammes of phosphorus each, and buried. In four weeks one was exhumed and analyzed for phosphorus by Mitscherlich's method. Five milligrammes were recovered, which showed that seven to ten milligrammes of free phosphorus were originally present in the retort. In eight weeks another was exhumed, and three milligrammes of phosphorus were recovered. In twelve weeks a third was examined, but no free phosphorus could be detected. Phosphorous acid, however, was present, as was shown by the formation of phosphoretted hydrogen on treating the tissues with zinc and sulphuric acid. From this gas phosphide of silver was obtained, and on being ignited

¹ Centralblatt für die medicinischen Wissenschaften, 1876, No. 9, from Deutsche Zeitschrift für praktische Medicin, 1875, No. 45.

² Vierteljahrschrift für gerichtliche Medicin, 1876, page 1.

it burned with the characteristic green flame. Hence, although no free phosphorus was found, the fact that poisoning by phosphorus had taken place was established with a great degree of probability. The fourth guinea-pig was examined at the end of fifteen weeks, but neither free phosphorus nor phosphorous acid could be detected.

These experiments are valuable as showing that one half a grain of phosphorus resists oxidation for so long a time, although they by no means fix definitely the limit of time for the disappearance of this metalloid from the human body.

J. Ashburton Thompson¹ has proved the absolute harmlessness of red phosphorus, which is entirely free from ordinary phosphorus. A dose of 1.8 grammes was taken daily for forty days in one case, and in another 1.3 grammes were taken daily for thirty days without producing any physiological action.

Digitalis. — An excellent case of digitalis poisoning is reported by Dr. C. Köhnhorn.² A young man took during five weeks one hundred and thirty-seven pills, each of which contained 0.1 gramme of powdered digitalis leaves, for the purpose of rendering himself temporarily unfit for military duty. Four pills were taken morning and night for five weeks, when death suddenly occurred. The amount of digitalis ingested daily was, therefore, 0.8 grammes (= about twelve grains). He was admitted to the hospital fourteen days after he began to take the pills, complaining of pain in the stomach, loss of appetite, headache, and ringing in the ears. His appearance was very bad, and odor of breath offensive. The temperature was normal, but pulse only fifty-six per minute. In three days after his admission the pulse fell to fifty-two. In eight days vomiting of greenish slimy material took place. His strength diminished gradually, he complained of great dimness of vision, the skin was ashy and parchment-like, and anæmia was marked. Death took place suddenly twenty-one days after his admission to the hospital. The pills were not found until after death.

The autopsy showed a healthy condition of all the organs except a slight catarrh of the stomach and intestine. The blood was dark and fluid. Chemical analysis detected digitalin in the contents of the stomach, contents of the duodenum, and in some of the pills. The digitalin was detected by both chemical and physiological tests.

This case is an extremely interesting one as occurring in a person previously in perfect health, and on account of the accuracy with which the symptoms and post-mortem appearances were observed and recorded.

Morphia. — Husemann³ recommends a new test for morphia, which

¹ Pharmaceutical Journal, 1875.

² Vierteljahrsschrift für gerichtliche Medicin, April, 1876, page 272.

³ Fresenius's Zeitschrift, 1876, page 103.

depends upon its decomposition by concentrated sulphuric acid and the reaction of the products of this decomposition with oxidizing agents. If morphia be treated with concentrated sulphuric acid for twelve or fifteen hours at the ordinary temperature, or for one half an hour at 100°C. , or for an instant at 150°C. , it gives, with a particle of nitric acid, nitre, potassic chlorate, chlorine water, sodic hypochlorite, or ferric chloride, a beautiful blue or reddish violet color, which changes quickly to a blood red and finally disappears. Husemann states that the delicacy of this test is greater than that with Fröhde's reagent (sulphomolybdic acid), and is also preferable to it, since the latter gives a somewhat similar color with papaverine, salicin, populin, phlorizin, and some other substances. The presence of a small amount of organized material does not interfere with the test, if one of the chlorine compounds is used as the oxidizing agent.

Vogt¹ has examined the urine of a man who had taken daily for five years a solution containing 1.3 grammes of morphia, and who had for some time received every other day, by subcutaneous injection, two grammes of morphia. The alkaloid could not be detected in the urine, but could always be detected in the faeces. Vogt also tested the delicacy of the various tests for morphia, and found that Husemann's test (see above) was in his hands the most delicate. By it he could detect .05 milligramme, by Fröhde's reagent and by iodic acid .1 milligramme, and by the ferric chloride test .3 milligramme of morphia.

Alkaloid in Decomposing Tissues. — Leo Liebermann² contributes another case in which an alkaloid-like substance was found in normal tissues after they had undergone decomposition. The substance described differs in some particulars from that described by other observers. It was non-volatile at 200°C. , while that described by Schwanert³ was volatile at the ordinary temperature. It could be removed from both acid and alkaline solutions by shaking with ether, unlike that of Schwanert but like that of Selmi,⁴ and on evaporation of the ether it is left in the form of oily drops which become converted into a brownish resinous mass, which produces a turbid solution when treated with water, the turbidity being increased by boiling. This substance reacts with the alkaloid reagents, as well as with water, almost exactly like conia. It is, however, very different in odor, in being non-volatile, and not poisonous when administered to animals, and therefore is unlike the body obtained by Albertoni and Lusana⁵ from the extract of meat. It was soluble in alcohol, which left it after evaporation in the amorphous form.

¹ Fresenius's Zeitschrift, 1876, page 114, from Archiv der Pharmacie, 207, page 23.

² Berichte der deutschen chemischen Gesellschaft, 1876, page 151.

³ Ibid., 1874, page 1332.

⁴ Ibid., 1873, page 142.

⁵ See the Journal, January 14, 1875, page 41.

MICRO-PHOTOGRAPHS IN HISTOLOGY.¹

THE first two numbers of this work lie before us, and before speaking of its execution let us run over what is proposed. The prospectus states that the "publication is intended to replace the microscope as far as possible, for those physicians who have neither opportunity nor leisure to make observations with the instrument themselves, and also to furnish microscopists, for comparison, correct representations of typical specimens in the domain of normal and pathological histology." It is further stated that "illustrations used in the lecture-room and found in books are idealized so much as rarely to give an exact impression of the specimen as it really exists," and that "the student accustomed to such diagrams is, therefore, often very much disappointed when, in looking at the specimen itself, he sees at first nothing but a mass of fibres and granular material, in which only after careful study he discovers the outlines of cells that he expected at once to see sharply defined. In the plates of this work, and especially in those of pathological specimens, the same holds good, and the student who is not a practiced microscopist must study them carefully, as the investigator studies the preparation itself, before they can be thoroughly understood and judgment passed upon them." Though it may be doubted whether illustrations of no matter what excellence will be of any use to one not familiar with the microscope, it is certain that to such a one these photographs will appear rather in the light of a practical joke, and will furnish a strong argument for scoffers against the instrument. The criticism about the figures usually seen in books is to a great extent true, but it is a fatal error to suppose that a photograph must be correct. Many of the photographs appear simply caricatures, and we must say that the representation of defects is a positive disadvantage. A little idealization is permissible, for the possessor of a comparatively slight microscopical knowledge will make allowances for it, and to others the whole subject is incomprehensible. Take Plate IV., a representation of the endothelium of the diaphragm. It were flattery to call it other than wretched, particularly when one compares it with Klein's magnificent plates in the *Handbook of the Physiological Laboratory*, and the photograph becomes still worse when it is admitted, as it must be, that Klein's plates give by far the truer idea. Plate VIII., representing corneal corpuscles, is by no means so bad as the last mentioned, but in the work we have just alluded to there are far truer pictures. In the photograph these bodies cannot be distinguished from pigment corpuscles, and he would be a bold man who would express a decided opinion as to what the plate represents, while, in fact, the corneal corpuscles in a successful gold preparation cannot possibly be mistaken for pigment cells. A discouraging feature is that the author does not appear to be aware of these shortcomings, for he tells us that these corpuscles "resemble, as is seen in the plate, pigment cells which exist in other tissues than the cornea in all batrachians." It is precisely

¹ *Micro-Photographs in Histology, Normal and Pathological.* By CARL SEILER, M. D., in conjunction with J. GIBBONS HUNT, M. D., and JOSEPH G. RICHARDSON, M. D. Philadelphia: J. H. Coates & Co. April and May, 1876.

because the plate makes them look like pigment cells that we say it is bad. Plate I. represents a horizontal section through the skin, cutting the hair bulbs transversely; let us quote from the description and then tell what we see: "The circular patches, showing a dark margin and opaque centre, represent the hairs cut transversely. The hair, being of a dark, non-actinic color in the specimen, prevented any light from passing through, and thus produced the black spots in the print. These hairs are surrounded by several layers of epithelial cells, which are indicated by the lighter halo around the dark centre. The margin is again dark, being more deeply stained by carmine in the specimen, and consists of connective tissue fibres." What we see looks to us like a number of targets with rather irregular black bull's-eyes surrounded by a grayish layer presenting more or less of a dotted appearance, which is in turn surrounded by a black stripe. We can no more tell of what these parts are composed than we could whether a target half a mile off was painted on wood or on iron. We fear that the practitioner who endeavors to acquire microscopical knowledge from these plates will come to the conclusion that everything looks pretty much alike under the microscope, just as all cats are of the same color in the dark. To sum up, we must say that we doubt if much can be done in teaching microscopy by plates, and that we think photography is particularly unsuitable. We are sorry to criticise so severely a work that must have entailed great labor and expense, but it is due to such of our readers as look to us for guidance in such matters to give our honest opinion, which is that in conception the work is a mistake and in execution a failure.

T. D.

TRANSACTIONS OF THE PATHOLOGICAL SOCIETY OF LONDON.¹

ATTENTION should have been earlier called to the appearance of this volume, which, like its predecessors, contains a large amount of valuable material destined to find its way, sooner or later, into the various medical works published in Great Britain and elsewhere.

There is one objectionable feature met with at the very outset, and occasionally arising throughout the entire book. This is the apparent hesitation of some of the exhibitors to call things by their proper names. A tumor of the arm, for instance, is spoken of as a neuroma, yet the description of the specimen indicates something quite different from the ordinary tumors of this character. A surgeon may be excused for speaking of a growth proceeding from a nerve-trunk as a neuroma, yet when he receives the detailed report, illustrated by drawings, from the pathologist to whom he has sent his specimen for examination, it seems as if the more exact classification of the latter might be adopted. Again, tumors of the scapula, of the zygomatic fossa, are entered as such in the table of contents and in the index. This, too, notwithstanding the fact that the committees to whom the specimens were referred for examination were enabled to classify them very readily.

Dr. Fagge reports a case of diffused suppurative inflammation of the stom-

¹ *Transactions of the Pathological Society of London.* Vol. xxvi. 1875.

ach, which suggests one of those rare forms of diffused cellulitis in the walls of this organ, bearing a close resemblance to the phlegmonous erysipelas of the surface of the body. It is unfortunate that the post-mortem changes should have become so advanced as to have obliterated much evidence without which the case, as reported, must be regarded as incomplete.

At the close of the volume nearly a hundred pages are given up to a discussion concerning the germ theory of disease. We are not aware that any essential contribution to the knowledge of the subject was made, though some of the gentlemen showed themselves to be skilled debaters. R. H. F.

ATLAS OF SKIN DISEASES.¹

THE author has in press a general treatise on skin diseases, and offers this atlas as a series of illustrations to accompany its text. It will contain representations of all the affections which the general practitioner is likely to meet with, and of all their more common varieties. By these means he hopes to supply his readers out of the great cities with that practical acquaintance with the appearances of these diseases which the text-book cannot furnish, and which can be obtained otherwise only at special dispensaries and hospitals. Each portrait with its accompanying text will be complete in itself, and the work when complete may be bound in conformity with the arrangement of the text-book. The plates will be issued four at a time, quarterly, in royal quarto size, and the parts will not exceed ten in number. The first part, which is just issued, is a credit both to the author and to the artist, Mr. Hermann Faber, known in connection with the publications of the surgeon-general's office. The chromo-lithography, by Mr. Moras, is also well executed. The only fault that can possibly be found with their work is in respect to the coloring of some of the red tints of the diseased skin. The affections represented in the first number are eczema erythematosum, psoriasis, lupus erythematosus, and syphiloderma (pustulosum). The text which accompanies each is an admirably clear description of the case and of the disease in brief, and contains a short account of the treatment.

REPORT FOR WORCESTER DISTRICT.²

BY ALBERT WOOD, M. D., REPORTER.

THE committee, in presenting this report, regret that they have not been able to obtain that assistance from the members of the society throughout the district which would give them ample material from which to prepare a valuable report.

They would respectfully suggest that the committee of the state society, early

¹ *Atlas of Skin Diseases.* By LOUIS A. DUHRING, M. D., Professor of Skin Diseases in the Hospital of the University of Pennsylvania; Physician to the Dispensary for Skin Diseases, etc. Philadelphia: J. B. Lippincott & Co. 1876.

² Read before the Massachusetts Medical Society, June 13, 1876.

in the season, instruct the reporters of the several district societies as to what is expected of them in preparing these reports.

Many of the professional brethren in this district are men of great experience and wisdom, but either from want of time or from some other reason they seem unwilling to put their thoughts on paper. In another year, as the members come to realize more fully that these reports are solicited for the common good, it is to be hoped that more interest will be manifested, and that many will be willing to contribute their share to the common stock of knowledge.

The reports which have been received on the sanitary condition of the towns in the district have been so few that we shall attempt to give but the shortest report on this subject. It is well known, however, that scarlet fever has prevailed in many of the towns to an unusual extent, and with more than ordinary severity. It has been generally understood, outside of the profession, that there has been quite a severe epidemic of diphtheria, especially in Worcester. All have seen an unusual number of cases of throat disease, with or without exudation, in which the constitutional symptoms have been severe. These, by a certain class of physicians, have been called diphtheria. The cases have recovered, however, in a few days, under almost any kind of treatment, and have not, by the majority of physicians, been considered diphtheria. From a careful inquiry of many of the leading men of the profession we find that but few cases of true diphtheria have been seen. Many of the fatal cases of scarlet fever were accompanied with a diphtheritic exudation, which was the immediate cause of death in some instances. We expected to be able to present a report on this subject by one of our leading physicians, who has seen the largest number of cases, but we have failed to obtain it. During the past year more especially there has been noticed an unusual form of disease, which was undoubtedly epidemic and of the nature of influenza. It seemed to expend itself on the digestive organs, or, as it has been expressed by one of our most prominent physicians, who was himself a sufferer from the disease, all of the organs below the diaphragm were affected. To what extent it has prevailed we are unable to state, for unquestionably its true nature has not always been fully understood. It resembled in many respects typhoid fever, and was so considered by some. The history and course of the disease, however, show that it was not of this nature.

We regret that our endeavors to obtain a full report of the cases have not been successful. We have collected all of the cases we could in which salicylic acid has been used. These we present without any comment. The other cases which are reported we have considered of sufficient interest to be submitted.

Dr. Henry Clarke reports three cases of polyarthritis treated by salicylic acid:

CASE I. J. M., a stout, full-blooded Irishman, was seized on the 27th of March with a chill, and on the following night with pain in the right knee and ankle. I saw him on the morning of the 28th. He had pain and tenderness of the right knee-joint and ankle. Tongue coated. Temperature 102°. Pulse 96. Ordered ten grains of calomel, followed by castor-oil and effervescing draughts of soda and lemon-juice.

March 29th, P. M. Pulse 104. Temperature 103°. Right knee and ankle swollen, red, and painful. Right elbow and left knee painful and stiff. Sweating profusely. Ordered salicylic acid in ten-grain powders, one to be taken every hour for twelve hours, and then one every two hours. Intended to see the patient the following day, but did not until the morning of the 31st. I found that he had taken the powders as prescribed, and had only one left, having taken, in about thirty-six hours, two hundred and thirty grains of the acid. He stated that he was free from pain after eight or ten doses, when he began to have noise in the ears, deafness, and confused feeling in the head. His wife said that at times he seemed to be "out of his head."

I found him considerably deaf and bathed in perspiration. Pulse 64. Temperature 97½° under the tongue. Joints free from tenderness upon pressure or motion. I ordered the acid to be discontinued for twelve hours, and then given in ten-grain doses once in four hours. This course was pursued for two days, and the patient was put upon quinine, two grains three times a day. There was no return of rheumatism, and in a week from the time he commenced to take salicylic acid he was dressed and about the house.

CASE II. Miss P., aged twenty-three, a healthy American girl. Taken with scarlatina on the 4th of May, 1876. Had a copious eruption and some ulceration of fauces. Everything went on well until the ninth day, May 13th, when she began to complain of headache, pain in limbs and back.

On the morning of the 14th I found her with polyarthritis well developed. Temperature 102°. Pulse 98. Several joints of upper and lower extremities swollen, red, and painful. I prescribed ten grains of salicylic acid every two hours.

On the morning of the 15th I found her with a pulse of 76. Temperature 97½° under the tongue. Skin bathed in perspiration. Joints free from pain and tenderness on motion. She had had much noise in ears, confusion in head, and mental excitement. The powders were not given so frequently as ordered after the sixth dose. Had taken only eight in the twenty-four hours.

I directed the remaining four powders to be given at intervals of six hours. There was no return of rheumatism, and the patient made a rapid recovery. She was dressed and sat up on the 17th.

CASE III. N. R., male, aged sixty-two. Date of first visit May 30th. Was informed by patient that he was taken with pain in limbs on the 25th of May; that he had been under the care of another physician, whom he had dismissed. I found him with both knees and ankles swollen, and discolored by tincture of iodine, which had been applied freely. Tongue coated. Temperature 101°. Pulse 98. He complained of pain in joints, especially in hip-joints. I prescribed ten grains of salicylic acid in wafers every two hours.

May 31st. Pain entirely gone. Moves the limbs freely, but complains of some stiffness in back and hips. Pulse 70. Temperature 97° under the tongue. Perspiration profuse. Noise in ears and dizziness.

Continued the acid in ten-grain doses once in four hours for two days longer.

June 2d. No rheumatism. Tongue still coated. No appetite. Ordered two grains of quinine three times daily.

June 4th. Found patient sitting up and dressed. Tongue cleaning and appetite improving.

Dr. Remington, assistant physician at the Worcester Lunatic Hospital, reports three cases of acute articular rheumatism:—

CASE I. John N., boot-maker, aged forty. In 1865 he had an attack of acute articular rheumatism, which rendered him incapable of working for a period of three months. He has since been free from it up to the 2d of March last in the evening, when he complained of pain in his ankles and knees. On examination they were found to be swollen, hot, and painful. A cooling lotion was applied to the inflamed joints, and ten grains of Dover's powder prescribed.

March 3d. In the morning found the patient worse. Had not slept much. Joints swollen more, and very sensitive to touch. Temperature 102.3°. Pulse 100. Complained of headache and want of appetite. Urine scanty and high-colored. Ordered salicylic acid, five grains every hour through the day. In the evening found the patient somewhat better, although the joints were quite as sensitive to touch. Temperature 100.6°. Pulse 90. Ordered chloral hydrate, twenty grains for the night.

March 4th, morning. Patient feeling better. Temperature 99°. Pulse 85. Has passed considerable urine during the night; color a little darker than normal. Ate his breakfast with fair appetite. Joints not so painful. Continued the acid, five grains every hour. He complained of a sensation of burning in the stomach after taking the acid powders, but thought they made him feel better. The acid was given in water.

March 5th, morning. Patient up and dressed. Joints tender on pressure, but not very painful. Is able to move about the ward. Appetite good. Temperature and pulse normal.

March 6th. Patient as well as usual. Moves about the ward. Eats well, and says he has no pain.

March 14th. Found the man in bed. Ankles and knees very painful, red, and swollen. Said he took cold at an open window the night before. Gave salicylic acid, seven grains every hour through the day. Chloral hydrate, twenty grains at night. Temperature 100.2°.

March 15th. Patient much better. Can move his joints without much pain. Temperature normal. Continued the acid, five grains every two hours.

March 16th. Patient up and dressed. His ankles and knees nearly well. Continued the acid as on the day before. Temperature 98°.

March 17th. Patient as well as usual. Discontinued the acid. He has since had no recurrence of the disease.

CASE II. Hospital attendant, aged twenty-two.

May 21st. In the morning when he awoke his right ankle was somewhat painful, felt hot, and was swollen. He did his morning's work about the ward, but the ankle grew rapidly worse, and at noon he went to bed and sent for the doctor. Found him with a temperature of 102°. Pulse 98. Perspiring freely. Ankle swollen, skin hot, red, and very tense. Ankle exquisitely painful. Had no history of rheumatism. Never had such an attack before. Or-

dered salicylic acid, ten grains every hour through the day. At nine o'clock in the evening, had taken eight of the powders. Was feeling much better. Had had headache during the day, and had been sick at the stomach, but was now feeling very comfortable. Said he had a queer sound in his ears, but it did not trouble him. Temperature 98.6°. Pulse 80. Ankle improving; could move it without much pain. Swelling had markedly subsided. Gave Dover's powder, ten grains, and directed him to take one of the acid powders if he should wake up during the night.

May 22d. In the morning found him doing his work about the ward. Had taken two of the powders during the night. There was no swelling of the ankle, which was not painful, but felt a little weak.

Saw him in the evening. He had taken two of the powders during the day. He said his ankle was well, and felt as comfortable as it ever did.

This patient, an intelligent young man, seemed to experience immediate relief from the use of the acid. He said that fifteen or twenty minutes after taking the medicine there was a sensible diminution of the pain in the ankle, and that it made him feel more comfortable, as he expressed it, "all over." He noticed this effect each time that he took the acid, and was confident that he owed his rapid recovery to the use of the remedy.

CASE III. Miss G., attendant. Has been subject to attacks of acute rheumatism, which usually last one or two weeks.

April 15th. She was suffering from an attack, and applied to the house-physician for relief. Eight grains of salicylic acid were ordered, to be taken in water every two hours. Dover's powder, ten grains, at night. She was sick four days. She did not suffer so much as in former attacks, and her recovery was more rapid. She seemed to think that it was the acid that helped her, and said that she never took any medicine that appeared to do her so much good.

The acid has been used in two cases of facial erysipelas, but, with no marked effect. In a case of lacerated wound of the hand the acid was used externally in solution and in powder, with most gratifying results.

Dr. Albert Wood, of Worcester, reports a case of rheumatism following mild scarlet fever, in which salicylic acid was used:—

M. B., female, aged eleven years, had mild but well-marked scarlet fever. On the fifth day of the disease, the eruption having nearly disappeared, she complained of a very slight pain in the right wrist. Temperature 99.2°. Pulse 84. Throat symptoms much improved. Her general condition was so good that I did not think much of the pain in her wrist, as she was a very nervous and sensitive child.

I did not see her until about noon, two days afterwards. I found her with both hands and wrists very much swollen, red, and exceedingly painful; also left shoulder, with pains through left chest. The muscles of right side of neck were stiff. Both ankles were also swollen and red, and she complained of pain about both hips.

I learned that these symptoms had come on during the night. Pulse 132. Temperature 103.5°. Very restless. No appetite. Tongue red and moist, with

papillæ raised. I ordered the affected joints to be wrapped in wool-wadding, also a layer to be applied around the chest. Gave six grains of salicylic acid every two hours in sweetened water. She complained most bitterly of the pungency of the acid on her sensitive tongue and throat. Afterwards the acid was given in Maw's wafers. The next day, twenty-four hours afterwards, all the swelling and redness had disappeared from the affected joints, excepting the left hand, where it was slight. Acid continued another day, when all symptoms of the disease were gone. Pulse 90. Temperature 99°. Medicine gradually diminished. No relapse.

Dr. F. W. Brigham, of Shrewsbury, reports five cases of rheumatism treated with salicylic acid, as follows:—

CASE I. Young woman. Second week of rheumatic fever. Severe. Ten grains of acid every two hours gave perfect relief in twenty-four hours. Convalescence seemed established almost immediately. A week after, imprudent exposure induced relapse. The acid, continued forty-eight hours, utterly failed to relieve, and we returned to old remedies.

CASE II. Middle-aged man, with chronic rheumatism. Having a more severe attack than usual, with some fever, gave acid a fair trial. No benefit.

CASE III. Middle-aged man. Mild attack of acute rheumatism. Moderate fever. Considerably relieved in twenty-four hours by acid. Made quick recovery.

CASE IV. Young man. First week of rheumatic fever, mild. Began to improve immediately under acid. Convalescent, discharged from care in four days. A few days after, rode out, "took cold," and suffered relapse. Again improved under acid, but less rapidly than at first.

CASE V. Old man, with chronic rheumatism. At times feverish from pain. Gave acid fair trial. No benefit.

Dr. Brigham remarks that the first effect on the first case was charming, enough so to make him continue the trials, even if so excellent result be but infrequent. He has always given the powder in baked or raw apple, a perfectly satisfactory way.

(To be concluded.)

MAINE MEDICAL ASSOCIATION.

THE twenty-fourth annual session of the Maine Medical Association was held in the city building in Portland on the 27th, 28th, and 29th ultimo. The president, Dr. J. M. Bates, of Yarmouth, occupied the chair.

The treasurer, Dr. T. A. Foster, of Portland, read his twelfth annual report, which, after being audited, was accepted and ordered on file. The receipts for the year, including assessments, the proceeds of the sale of Transactions, and interest, amounted to \$465.66; the expenditures had been \$595.32; and a balance remained of \$162.83.

Delegates from Massachusetts, Rhode Island, and New Hampshire were cordially welcomed by the president, and were invited to take part in the discussions of the association.

The secretary, Dr. C. O. Hunt, of Portland, presented several papers of a business character, which were referred to committees. One of the papers was from the Society of Civil Engineers of Boston, requesting the coöperation of the association in introducing the decimal system of weights and measures into general use.

Dr. Wedgewood, of Lewiston, presented the report of the committee on the Maine Medical School, which was accepted and referred to the committee on publication.

During the session, interesting papers were read as follows: by Dr. T. A. Foster on Exercise as a Therapeutic Agent; Dr. Spaulding on Jaborandi; Dr. Haskell on the Hygiene of our Houses; Dr. Jewett on the Use of Belladonna in Inflammation of the Brain, on the Connection between Disease of the Heart and Uterus, and on Curability of Cancer of the Uterus; Dr. Weeks on Strangulated Hernia; Dr. Spaulding on Defective Light in our Public Schools; Dr. Albee on the *Vis Medicatrix Naturæ*; Dr. Greene on Ovariectomy, on Skin Transplantation, and on the Treatment of Cicatrices from Burns.

In the afternoon of the first day, the president delivered his annual address, which, after some discussion of the topics treated, was referred to the publishing committee. The committee on the president's address, at a later stage of the session, made the following report:—

1. That the committee having in charge the establishment of a state board of health be continued.

2. That while we would urge individual members to assist the hospital [Maine General] in every way in their power, we deem it expedient for the association for this year to support a free bed, with funds taken from the treasury of the association.

3. That in the matter of a preliminary education of students a strict construction and a more rigid enforcement of the rule adopted by the faculty of the Medical School of Maine and announced at the last session of this association, be adhered to, and that to encourage the faculty in this course the following resolution be adopted:—

Resolved, That any physician or school of instruction in receiving as a student a person who is deficient in the elements of an English education is guilty of an act of injustice to the student, of degradation to the profession, and of inhumanity to the community.

Dr. Sanger, of Bangor, introduced a series of resolutions embodying the principles adopted by the American Medical Association and by the Michigan State Association in relation to the University of Michigan, which were unanimously passed.

Professor Jenckes, of Detroit, Michigan, was proposed for honorary membership and was duly elected.

The annual election of officers resulted in the following choice: President, Dr. E. F. Sanger, Bangor; first Vice-President, Dr. W. A. Albee, Union; second Vice-President, Dr. A. S. Horr, Lewiston; Corresponding Secretary, Dr. S. H. Weeks, Portland; Recording Secretary, Dr. C. O. Hunt, Portland; Board of Censors, E. H. Hill, Lewiston; A. S. Thayer, Portland; D. L. Lamson, Fryeburg; F. C. Thayer, Waterville; A. J. Billings, Freedom.

Several reports were made by members, on subjects which had been assigned to them, and communications and cases were offered by sundry members.

The evening of the second day was occupied by a carefully written and very excellent oration by Dr. L. W. Pendleton, of Belfast. The subject of his address was involuntary action. First alluding to obvious examples of this in the physical system, then describing how those acts which we call voluntary evade the consciousness, he passed to the consideration of a twofold form of mental activity. Excellent authorities and abundant facts were given in support of the belief that the mind acts unconsciously as well as involuntarily; that the consciousness does not hold at once within its grasp all the activities of the mind, though it may reach them all singly. Instances were given of the mind undergoing important modifications without being itself conscious of the process. The pranks which our wits play with us when the memory dresses up in the guise of the imagination to deceive the consciousness, were spoken of as a real annoyance to authors, giving rise to serious charges of plagiarism. The phenomena of dreams were then introduced, with reference to many of their causes and benefits; their prophetic nature, their habitually apparent reality, their bearing upon the argument of a spiritual communication being possible, etc., were explained. Somnambulism, mesmerism, ecstasy, stigmatism, planchette, divinity, etc., were referred to as having a common origin, — the complete submission of the will and the absolute sway of a dominant idea. The history of witchcraft, epidemic delusions, religious ecstasy, etc., were accounted for by the will losing control through passion or emotion. Another field of involuntary action was then taken up, in which we are more instructed as we are more responsible, namely, those acts which are at first conscious and intentionally performed, but which by habit become unconscious.

The speaker claimed that the body may be trained under the will to so high a degree of automatic skill that it may be safely left to its own action, while the mind is free to employ itself in independent activities. The lower faculties of the mind, too, are capable of such a degree of education that they may go of themselves, while the will force, the most expensive of all force, is saved for or spent in mastering new difficulties. This was abundantly illustrated. The influence of habit on self-possession, promptness of thought, and decision of character was then shown. The undue development of habit in absent-minded persons, with its mistakes and inconveniences, was thought to occur to some degree in us all; "our tricks and our manners," though now involuntary, record the character of our past volitions. Habit as affecting our daily lives, our success in daily labor, was illustrated. The necessity of keeping all the actions under immediate control of the will, as urged by some authors, was not favored or thought possible. If it were possible, the effect would be to keep one in a state of perpetual babyhood. We should rather try to make each volition such that we would not be unwilling to have each act repeat itself. The duty of educators in placing children under favorable circumstances for forming habits was urged, and the practice condemned of training the reason and judgment before they are fairly developed, and, in the case of those who are to gain their future livelihood by manual labor, leaving the eye and hand unskilled

until the bodily habits are fixed. The subject of heredity was then brought forward to show that spontaneous action may be traced back to conscious efforts. Habit and heredity were shown, in augmenting the sphere of involuntary action, not to be limiting and restrictive in their tendency, but to furnish a condition of the highest development.

The oration, which was listened to by a large audience of members and their friends, was referred to the publishing committee with directions that it be published in the Proceedings.

A committee on the prize offered by Dr. T. A. Foster, of Portland, for the best thesis on some medical subject, reported that no papers had been presented. Dr. Foster thereupon stated that the amount offered as the prize for this year would be given to the Maine General Hospital, and he renewed his offer for the coming year.

DISTRICT REPORTS OF THE MASSACHUSETTS MEDICAL SOCIETY.

As this is the first year in which these reports have been offered, we here insert, by way of explanation, the votes of the councilors of the state society under which the reporters were appointed:—

"Voted, That the committee to procure scientific papers, in addition to their already established duties, be instructed to obtain from each district society an annual report on cases of importance in the district, the public health thereof, or any subject of local interest connected with the practice of medicine or surgery; the said report to be presented to the state society at its annual meeting.

"Voted, That said report be obtained through a committee, or single reporter, to be chosen from year to year, in advance, by the district society at its annual meeting, or by the committee to procure scientific papers, if the district society neglect or fail to make the choice at the time aforesaid.

"Voted, That the committee to procure scientific papers may select portions of these reports to be read, if time permit, at the annual meeting of the state society; and that the committee on publications may publish such portions, or whole reports, as experts shall designate as worthy of publication.

"Voted, That the chairman of such district committee, or, if no committee, the district reporter, whose report shall be deemed by experts worthy of publication, may have his annual assessment remitted for the year next ensuing, on application to the treasurer of the state society."

It will be seen that there is considerable latitude allowed in the choice of subjects for a report, so that if the reporter does not meet with that encouraging response which he had fondly hoped from those whom he calls upon to assist him from the stores of their experience, he is at liberty to write on any practical subject of local interest. It is hoped that by means of these reports the history of epidemics, or of noteworthy individual cases of disease or injury, which do not find their way into the reports of the local or state boards of health, or into print elsewhere, may be annually contributed; that the results of new or existing methods of treatment may be made known; in

short, it is desired that the district reporter shall be a medium of communication to the state society with regard to any and all matters of professional interest in his district.

It is suggested that the district societies should authorize their reporters to send a printed list of the questions regarding which they wish information to the members of the societies annually, with the expectation that the object in view will prove of sufficient interest to elicit responses from many, perhaps the majority, of those whose experience would be most valuable.

We take pleasure in publishing this week a remarkable case of extirpation of the uterus from the annual report of the Bristol North district, also a part of the report for Worcester district containing a series of interesting cases of rheumatism treated with salicylic acid. Such groups of cases are valuable, as it is only from the results obtained by a large number of observers that we can look for satisfactory evidence of the properties of this new remedy. We think that the recorded results of all cases of acute rheumatism treated with salicylic acid in Massachusetts, where the disease is so prevalent, during the coming year, would go far toward giving a scientific knowledge of the action of this drug, and we commend the subject to the district society reporters. A large number of cases might thus be briefly tabulated, and the deductions would be of permanent value. Although on this the first year the object of these appointments does not appear to have been fully understood, we think the result of the experiment gives promise of making valuable additions in the future to the annual work of the society.

MEDICAL NOTES.

— In our notice of the American Gynæcological Society in the last number, the name of Dr. D. H. Storer was accidentally omitted from the list of members.

— We learn from the *Medical Press and Circular* that the thin end of the wedge towards legalizing women for the practice of medicine in Russia was inserted last week, when for the first time the degree of M. D. was conferred upon a lady. The fair possessor of the doctorate is Madame Roudneff, who entered the medical academy as a free scholar in 1868, and, after having completed her course of study, left the establishment with the gold medal, and soon afterwards went up for her doctor's degree. Referring to the subject, the correspondent of the *Standard* newspaper says it is generally allowed that Madame Roudneff defended her dissertation with remarkable ability, and she was highly complimented by all the members of the faculty who were present.

— The *Record* informs us that delegates have been chosen to the International Medical Congress at Philadelphia as follows: By the Medical Society of London, England, William Adams (president), Drs. J. Langdon Dower and Richard Davy (honorary secretary). By the Medical Society of Copenhagen, Drs. Edmund Hansen (president), Carl Lange, and S. Engelsted. By the Pathological Society of Dublin, Mr. Joliffe Tufnell and Prof. William Stokes. By the Waterloo County Medical Society, of Canada, Drs. D. L. Walmsley, G. W. Bingham, T. W. Vardon, J. H. Webb, D. S. Bawley, and

J. P. Jackson. By the Medizinischer Verein, A. Griefswald, Professor Hüter. By the Obstetrical Society of Edinburgh, Drs. Alexander R. Simpson (president) and Finlay. In all cases such delegates are chosen as express a desire or intention to be present. The following gentlemen, in addition to those previously mentioned, will also attend the congress: Henry Power, of London, J. A. Estlander, of Helsingfors, Alfred Haviland, of London.

— The first number of the *New York Medical Record* for July contains a new arrangement of its material. The editorial articles are upon the first page. The main body of the journal is devoted to society reports, which appear to have crowded original articles from its columns. This journal is conducted with its customary enterprise.

— At a recent meeting of one of the medical societies of Cincinnati, Dr. Comegys remarked that for more than ten years he had treated the vomiting of pregnancy with complete success by the use of atropine in doses of from one sixtieth to one eightieth of a grain, as often as was necessary to bring the patient under its moderate influence.

— At a recent meeting of the Dublin Obstetrical Society, as reported in the *Dublin Journal of Medical Science* for May, 1876, A. V. Macan, M. B., gives an account of a case of complicated labor, in which collapse from post-partum hæmorrhage was successfully treated with the subcutaneous injection of ether. The patient, aged thirty-three, in her eleventh pregnancy, had a long and tedious first stage of labor, the uterus being greatly over-distended by hydrops amnii. After the rupture of the membranes the uterus remained for a long time in a state of complete inertia, and after the birth of a monstrosity there were post-partum hæmorrhage and retained placenta. Pressure failing to expel the placenta and to cause the uterus to contract, the after-birth was with difficulty removed by the hand introduced into that organ. Even then the uterus remained large, and notwithstanding the administration of laudanum, chloric ether, and brandy, the patient's condition remained very critical. The reporter then determined to try the subcutaneous injection of sulphuric ether, as recommended by Professor V. Hecker, of Munich. Examination showing that there was still a small amount of blood flowing from the vulva, Dr. Macan determined to combine the injection of the perchloride of iron into the uterus with the subcutaneous injection of ether. He injected two syringefuls, or about half a drachm, of sulphuric ether well into the subcutaneous cellular tissue of the abdominal walls, and then injected about six ounces of the usual solution of iron into the uterus. Before he had finished injecting the iron the pulse returned at the wrist, and emboldened by this he injected a third syringeful of ether. The effect produced was marked; the woman soon turned of her own accord on to her side, and said that she felt better. The patient made a good recovery.

Dr. Macan further stated, regarding the subcutaneous injection of ether that the quantity to be used depends on the patient's pulse. Professor Hecker frequently injects fifteen syringefuls, about half an ounce, from three to five at a time, at short intervals. The injection syringe should pass deep enough into the abdominal walls, else troublesome abscess may ensue.

The president, Dr. Atthill, in commenting on the case, said that he had suc-

cessfully employed the same treatment in one case where the patient was pulseless, cold, and apparently dying from loss of blood. Stimulants were vomited. He injected two syringefuls, about a drachm, of ether into the substance of the teus muscle. Within a moment or two the pulse was felt at the wrist, and in the course of two hours he was able to leave the patient.

BOSTON CITY HOSPITAL.

SURGICAL CLINIC.

[SERVICE OF DRS. HOMANS AND INGALLS.]

Compound Fracture of Radius.—The patient received a large, ragged wound on the anterior aspect of the fore-arm, about four inches above the wrist-joint, by falling on a circular saw. The soft parts were badly lacerated, the radial artery was laid bare, and the radius was broken and comminuted. He could move only the thumb and fore-finger. A splint was applied to the dorsal aspect of the fore-arm, and the wound was dressed with a weak solution of carbolic acid.

The radial artery, with some of the surrounding tissues, sloughed in a few days, but there was no hæmorrhage of consequence. He also had an attack of facial erysipelas, but the wound was apparently unaffected by it.

Ten weeks after receiving the injury, the wound was nearly healed. There was good union of the fragments, but the hand was nearly useless; whether he will gain any use of the fingers in the future, time only can tell. As almost any kind of a hand is better than none, it seemed justifiable to make the attempt to save it.

Compound Fracture of the Tibia and Fibula.—A laborer, aged thirty-five, was run over by a horse-car on the 13th of April. He was brought to the hospital soon after the accident, and found to have sustained a compound fracture of the lower end of the left tibia and fibula. The ankle-joint was opened. The wound was situated over the fracture of the fibula, and a portion of the soft tissues was protruding.

The leg was placed in a fracture box, and the wound dressed with a weak solution of carbolic acid. With the exception of a slight sloughing of the bruised tissues the lesions healed well.

Six weeks after the injury the union of the fragments was strong enough to allow the patient to get about on crutches. No immovable bandage was applied. In eight weeks he was discharged, well.

Compound Fracture of the Femur.—John P., fourteen years old, fell twenty-five feet from the roof of a house, striking on his right side. On entering the hospital it was found upon examination that he had received a compound fracture of the right femur at the junction of the middle and upper thirds. Fortunately the wound was small, and the tissues not much lacerated. The fracture was treated by extension in the usual manner. The wound healed perfectly in a fortnight. There was considerable union of the fragments at the end of a month, with a shortening of the limb of three fourths of an inch. A dextrine bandage was applied, and in six weeks from the date of the injury he was discharged, nearly well.

Compound Fracture of the Radius and Ulna. — Mary F., aged eighty-eight years, received a compound fracture of the left fore-arm, on the 13th of June, by the falling of the ceiling of the room. The fracture was situated in the middle third, and implicated both bones of the forearm. There were three wounds of the skin over the point of fracture, each an inch in length.

The arm was placed upon a pillow, supported by a straight splint, and the wounds dressed with a weak solution of carbolic acid. The next day the patient was delirious. She tore off the splints, struck her attendants with her fractured arm, and thrashed it about in all directions. The limb was finally secured in splints, and the healing process went on as rapidly and as well as it ever does in an adult.

The delirium gradually subsided, and at the end of three weeks all the wounds were soundly healed, and there was considerable union between the bony fragments.

The result in this case was remarkable, considering the age of the patient and the violent disturbance of the injured limb.

Several years ago, while we were serving as house surgeon under Dr. Thorndike, there was a man in the hospital under treatment for a fractured humerus, who was ninety-five years old. He had not a tooth in his head, his diet was principally milk, and he slept most of the time. Strange to say, his fracture united as quickly and as soundly as such lesions usually do in middle-aged people.

All the cases reported above, except the last, were treated in the new, one-story pavilion, and the favorable results were probably due in a great measure to this fact. So many severe cases treated at the same time in one ward have never done so well before in this hospital.

GEO. W. GAY, M. D.

LETTER FROM BERLIN.

MESSRS. EDITORS, — The fifth congress of the German Society of Surgery was in session in Berlin from April 19th to the 22d inclusive. Though the proceedings are now five weeks old, they are not yet fully published in the German journals; my own delay in sending these meagre notes is perhaps an illustration of the reportorial life of German journals in general.

The session was opened by an address of welcome from the president, whose name is thus registered upon the published roll of members: Geheim-Ober-Medicinal-Rath und Professor in Berlin, Dr. von Langenbeck. The following is the list of papers of the first day, with their authors: —

The Antiseptic Treatment of Wounds in Military Surgery, by Professor Esmarch, of Kiel; On the Lister System of the Treatment of Wounds in the Clinic at Freiburg, by Professor Berus, of Freiburg; On a New Apparatus for the Antiseptic Closure of Wounds, by Professor Trendelenberg, of Rostock; On a Modification of Lister's Bandage, by Dr. Burchardt, of Berlin; On the Cotton-Wadding and Tannin Bandage, by Dr. Graf, of Eberfeld; On the Open Treatment of Wounds, by Dr. Burow, docent at Königsberg; On Hemorrhage succeeding the Use of the Artificial Blood-Vacuum, also by Esmarch; On

Catgut Suture in Wounds of the Uterus after the Cæsarean Operation, by Dr. Martin, of Berlin; Classification of the Causes of Death in Surgical Cases, by Professor Heineke, of Erlangen. It will be observed what the tendency of the surgical mind of Germany is to-day by the bare enumeration of the titles of these papers, Lister and the antiseptic plan forming three fourths of the material of the first day alone.

I will allude only to Professor Esmarch and his first paper. It is very erroneously supposed in some quarters in Germany that he is the inventor of what is correctly known as the "Lister antiseptic treatment" of surgical wounds. Without doubt Esmarch has modified the original details of Joseph Lister, of Edinburgh; that, however, does not relieve one's astonishment at the error, for in point of chronology Professor Bardeleben, of Berlin, in the surgical clinic of the Charité, in that part of the buildings known as the "Sommerlazarat," first introduced it into Germany in March, 1872; since this time it has been successfully prosecuted in his wards, and is one of the most familiar practices under Bardeleben. I may add that in this clinic is the system so simplified that its cost is one tenth of the original Lister antiseptic system. Its use in Langenbeck's clinic was later adopted. A brief detail of the apparatus constituting this system, as used here, will not be out of place. As one enters Langenbeck's theatre in Ziegelstrasse he sees a number of quart bottles with a rubber spray attachment, and filled with a solution of carbolic acid of the strength of one per cent. Two assistants work these bulbs, one on either side of the part operated on, during the whole time of the operation: that is, more accurately, from the moment of the knife-touch until the surgical wound is firmly sealed with the various dressings. The operating instruments lie in a quadrangular cut-glass dish in a similar solution, being entirely protected from the air. The sponges upon the rods, as well as the rods themselves, have previously lain in a similar solution, which occasionally receives the addition of one per cent. of salicine. The sutures are catgut of different sizes, and lie in small vials of carbolized oil; those for use about the face are the smallest, and are numbered 0. I may add here that Schweigger uses catgut for all operations upon the lids, conjunctiva, and muscles of the eye. After an operation Langenbeck spends considerable time in spraying the parts with carbolic acid and salicine, also with ice-water, if the exposure to ice-water is admissible. After the sutures, layer after layer of antiseptic cotton is used; or, if there is danger or inconvenience from hæmorrhage, alternate layers of styptic and antiseptic cotton. Cotton, with a tannin or a chloride of iron solution, alternating with the white carbolic acid cotton, is, to the American eye in this centennial year, very pretty to see in a Berlin clinic. It suggests the American flag. A very light carbolized gauze bandage envelops the whole firmly, if the part is an extremity; or, if a bandage is impracticable, the dressings are covered with colored oiled silk, and fastened down by collodion. If the wound is to suppurate, as after the amputation of a tumor or an extremity, a drainage-tube of caoutchouc, long enough to reach the farthest point in the wound, with a calibre of at least one to one and a half centimetres, and supplied on all sides with enough holes to make the drainage perfect, but at the same time with not so many as would weaken the rubber and bend it on itself in the wound, is used,

over which the edges are firmly drawn together. These tubes are also kept in a weak carbolic solution. The same devotion to antiseptic agents, chief of which is carbolic acid, is maintained in the clinical wards of Langenbeck and Bardeleben; that is, one nurse sprays with the solution while another changes the dressings. In this connection I may add a statement of Langenbeck, made in December, 1875, to the effect that since the war between Prussia and Silesia, known as the war of 1866, but one case of diphtheritic gangrene had occurred in his clinic. That was a case, then before him, of removal of an angioma cavernosum from the outer end of the left clavicle. He cauterized the whole gangrenous surface with three actual cauteries, bringing to view the outer half of the clavicle, the spine of the scapula, and the apex of the shoulder-joint. In the treatment of wounds on this plan the rule is, if there is no surgical fever or œdema, they are left to themselves for several days. Some one once remarked to Mr. Lister upon the filthy appearance of his wounds, that had been undressed for a week. Said he, "Regarded æsthetically they are, indeed, nasty; but I assure you they are absolutely clean." Langenbeck's clinical room is charged with the mixture of carbolic-acid gas and animal exhalations to such an extent that it easily falls into the same category of ventilation as the ordinary German restaurant with its tight windows and foul smoke. Such is the Lister antiseptic plan as used in Berlin; the same general apparatus is used all over Germany. Its general reception is explainable as well on the ground of its light weight as on that of its healthy properties; and this in view of the cumbrous surgical appliances which one sees in the German shop-windows.

The other papers upon surgical dressings for the first day of the session were, as may be seen by their titles, suggestions as to modifications of the bandage, its medication, etc.

A word about Esmarch. His *personnel* is striking. He has a tall, erect figure, long head, wears a full and very gray beard, dresses in black after the English fashion, and carries a face which indicates control of the habits and a youthful temperament. He speaks but little in the sessions, and is then listened to attentively. He is in marked contrast to Volkmann, of Halle, a man of apparently equal regard as an authority, but whose many short speeches and annoying objections detract from the mature regard to which his achievements justly entitle him.

The papers of the second day were devoted chiefly to the bones,—to the pathology of their diseases, and their operative interferences. Professor Berus, Freiburg, demonstrated the use of the plaster mold in luxations and resections of the ankle-joint. His plan in the latter cases is to apply the cast of gypsum immediately after and over the antiseptic dressings, and not to remove it until the wound is ready for its final removal. By the drainage-windows every facility for discharge is furnished, and he claims to have seen no surgical fever. Volkmann has had experience with caries of the ankle, fistulæ and fungous growths being usually associated. Langenbeck was favorably inclined to the gypsum dressing, especially in the ankle-resections of children.

Dr. Weber-Liel, privat docent of Berlin, demonstrated the use of the microscope in diagnosing affections of the membrana tympani. He has

for some time used in his clinic a short, light, "children's microscope," of fifteen-diameter magnifying power, whose object-glass, wrapped around with caoutchouc, is inserted like an ordinary speculum into the meatus of the ear. It rests with safety, and is held by the same hand whose fingers make traction on the auricle. Light is reflected from a convex mirror, at forty-five degrees, which is adjusted in a stationary position in the cylinder of the microscope and in focal distance from its object-glass. Its use was demonstrated upon a prepared temporal bone and membrana tympani, artificial light being thrown upon the stationary mirror lying in the cylinder of the microscope, and being screened from the eye of the observer. A rubber tube is firmly waxed to the annulus on the side of the tympanic cavity, by which the observer may draw in by suction, or push out by blowing, the membrane, at the same time that both hands are free to manipulate the instrument. I have repeatedly observed the excursions of the membrane in his clinic, where the movement was made either by inflating the Eustachian tube or by a large rubber tube attached to the cylinder of the microscope. The points clearly brought to view in the living, healthy membrane by this power are the arteries on either side of the handle of the hammer, small and otherwise undiscoverable cicatrices, the result of healed perforations, and the very unequal movements of the different quadrants of the membrane. As a means of diagnosis it must surpass Sieglé's otoscope. Its introduction before the Surgical Society was inopportune, and the interest taken in it was as a matter of curiosity rather than as an adjuvant in surgical diagnosis.

Professor Maas, of Breslau, read a paper upon the regeneration of bone, with especial reference to the formation of callus, in which he took strong ground in favor of the periosteum as the principal agent in regeneration, in time and amount; that is, the periosteal callus proceeds early and in large quantity to form bone, its last function being to unite with the feeble and as yet distinctly provisional callus of the medulla.

The third day was a "field day," and was devoted to the introduction of new instruments, apparatus, and patients.

Maas presented his patient with extirpation of the larynx, and demonstrated the specimen extirpated. The subject was a robust countryman, above fifty years of age. He was then wearing a large tracheotomy tube, through which respiration could be heard at any point in the room. Removal of the tube occasioned no disturbance in respiration. The wound looked healthy, and was free from tenderness. Of Langenbeck's case, operated on July 21, 1875, and described in the *JOURNAL* of April 13, 1876, under the head of Recent Progress in the Treatment of Diseases of the Throat, I can only add a statement of the operator to the effect that the cricoid, thyroid, and arytenoid cartilages were extirpated. Photographs of this case were presented.

Volkman, under the head of *Casuistische Mittheilungen*, described two cases of resection of the knee-joint for tuberculosis, in girls of fourteen and six years of age, and showed photographs of the same in right-angled ankylosis; the dressing was by Lister's method and the plaster cast; healing in both cases was by first intention, without any surgical fever, and without a drop of pus. It is proper to add in this connection that Volkmann's brochure on the Lister

antiseptic treatment has been translated into English, and is used by Lister himself as one of his, as we would say in America, best advertisements.

Esmarch showed a cooling cover for the trunk (*kühldecke*), whose purpose is to lower the temperature of the general surface of the trunk, or of the contents of the thorax or abdomen in inflammation. It is a thick rubber sheet three and a half feet long by two and a half feet wide, nearly square, being of sufficient size to cover the body from the shoulders to the hips. One side is flat, and applies directly to the front side of the body as the patient lies on the back. The other or upper side has cemented to it a long rubber tube, calibre five eighths of an inch or about one and a half centimetres, which, beginning at the upper border of the rubber cover, is coiled in reverse turns from side to side until it reaches the lower border. By this contrivance an open tube of several feet in length, firmly attached by rubber cement to the cover, passes over the body. The idea is to transmit cold air, or, what is better and easier of management, cold water, continuously over an inflamed surface. A few inches of unattached tubing at either end project from the sheet, at the upper to allow water to be introduced, at the lower to permit its escape without wetting the mattresses of the patient's bed. In the apparatus presented there were thirteen reverses of rubber coil. Multiplied by two and a half, the width in feet of the sheets, there were more than thirty-two feet of water, in a solid column of five eighths of an inch, flowing of course slowly, to support as weight; this is to be added to the combined weight of the sheet, coil, and cement. To conjecture the weight of the cover by holding it at arm's length, I should say that twelve to fifteen pounds would be a safe estimate. The element of weight alone must render the use of cold water by this means in inflammation of the lungs, pleura, and intestines very questionable, although theoretically the idea is an excellent one. The apparatus was much admired for its neat mechanical look.

Langenbeck detailed the following operation, producing the patient. On the 22d of February, 1876, a young man twenty years of age presented himself at the Ziegelstrasse clinic with a large, tough, nearly transverse cicatrix at the middle of the posterior aspect of the thigh. Leg and thigh were in progressive atrophy, and the patient was very lame. The history bespoke section of the sciatic nerve, the result of a very severe wound received two and a half years before. It was proposed to unite the ends of the nerve. A long incision, parallel to the axis of the nerve, was made, when, after dissection, the ends were found to lie five centimetres (two inches) apart. The proximal stump was hypertrophied, "swollen," as I heard it described on the day of the operation, to nearly three times its natural size. The distal stump had a similar appearance, though not so exaggerated. Each end was pulled towards the other with the hands, the ends vivified with the knife, and three strong catgut sutures passed *through* each end from side to side, the faces being brought fast together. The superficial wound was stitched with catgut, and dressed with Lister's bandage. The leg was flexed on the thigh to preserve contiguity of nerve-ends, and laid in temporary flexed splints. After complete healing of the external wound he proposed to use the continuous current. At the clinic Langenbeck described a case of section of the median nerve by a gunshot wound, where he united the *edges* of the ends, with a good result as

to final nerve power. He further detailed a case of an officer who was wounded by a large ball under the coracoid process of the scapula, and who suffered total paralysis of the arm. The severed nerve healed by granulation, as could be seen on account of great defect in the soft parts. The axillary artery was brought to view, and its pulsations could be marked with the eye. In this case there was total section of the nerve, followed by complete union, and after a long time complete restoration of the excursions of the extremity. The patient, operated on in February, has regained partial control of motion and sensation, and the leg and thigh are larger than before the operation. The wound is entirely healed, and pressure at the point of nerve union fails to produce exquisite pain. The continuous current is now his only treatment.

On the fourth and last day of the session Dr. Riedinger, docent in Würzburg, read a paper on fractures of the pelvis, showing preparations. Professor Langenbeck exhibited Adam's trap-door saw for the subcutaneous osteotomy of the neck of the femur; also the extension apparatus brought out by Dr. Joh. Schmall, of Gratz, and improved by the bandagist Heuberger, of Gratz. Papers were also read on a modification of the Esmarch irrigator, by Dr. Burchardt, of Berlin; on perforation of the mastoid process, by Dr. Hartmann; on an experience in the correction of foot-deformities by means of the plaster bandage, by Professor Heineke, of Erlangen; on the operative treatment of intestinal hernia, by Dr. Hadlich, of Heidelberg; on the mechanical interferences of the evacuation of the bladder in old persons, by Dr. Busch, of Bonn, etc. Professor Uhde, of Braunschweig, exhibited specimens of resected bone, with photographs. Dr. Wolff, docent of Berlin, demonstrated a case of elbow-resection. Dr. George Wegner, for a long time attached to Langenbeck's clinic, and who did important work on Billroth's Surgical Pathology, presented the results of some experimental observations upon the ovaries of rabbits, with reference to human ovariectomy. As to temperature, the removal of the ovary in the rabbit was followed by a higher grade than in the human female. The statement was made that, two hours after the operation of ovariectomy, the temperature of the abdomen reached as high as 35.5° Réaumur, while that of the operating-room itself should be above 24° Réaumur. Ovarian tumors occasion venous stasis, after whose removal air must rush in to fill their former habitat, this agent slowly receding on the imbibition of serum. The final removal of the serum is and must be by absorption, and it is exactly here that the danger following an ovariectomy lies, namely, the insufficiently rapid absorption making septicæmia liable.

He approves of Dr. Sims's drainage-tube, the use of which, as I saw it at the New York State Woman's Hospital in 1873, was a questionable procedure in the eyes of his colleagues. He does not use the Lister antiseptic plan in ovariectomy cases, as to closure of cavity of the abdomen and external wound, but simple injections of weak carbolic acid. German statistics give results much inferior to those of Sims and Wells. It is significant that the former announces twenty successful cases of ovariectomy in succession, followed by seven unsuccessful ones — an evidence not so much of a peculiar method of operative procedure, as of extraneous influences, either in a fortunate selection of cases or of time of the year. I regret that it is impossible for me to give

more detailed notes of this paper, which was allowed two sessions of half an hour each, an unusual indulgence for the surgical society. Its rather novel experiments and exhaustive character, added to the well-known philosophical style of argument of the author, gave it in some respects the greatest prominence of the meeting.

Some features of the session may be of interest on our side of the water. At the entrance-door of the afternoon meetings, which were held in the upper hall of the Royal University, sat an official, one of whose functions was to see that every auditor had an "Eintritts-Karte," and to furnish him with the printed register and statutes. The morning sessions were held in the Siegelstrasse amphitheatre, known for its steep descent and high-backed seats. The sitting-places are solid benches, themselves so high that one's feet cannot reach the floor. It is one of the most unsightly and dangerous theatres imaginable; it will next year be replaced by a new and much larger building, on whose ground floor will also be held the University ear-clinic by Lucae, and the eye-clinic by Schweigger. The following statutes will explain the *technique* of the society. Sessions are annual, and from the 10th to the 13th of April inclusive. The time may, however, be postponed at the option of the president. The following officers are annually elected, and constitute the bureau of the congress: a president, vice-president, two secretaries, and a treasurer. This bureau has jurisdiction over changes in the statutes and daily programme of work; determines the eligibility to membership; provides for the publication of the proceedings; and takes charge of the archives and moneys of the society. The annual assessment is twenty marks, about five gold dollars. In the sessions of the congress, demonstrations take precedence of papers. The latter must not occupy over thirty minutes in delivery, though the presiding officer may exercise the liberty to add ten minutes. Discussions must be in five-minute speeches.

Aside from the names given as authors of parts in this congress, the following prominent surgeons are members of the society: Professor Thiersch, Leipzig; Professor Baum, Göttingen; Professor Bergmann, Dorpat; Professor Billroth, Vienna; Professor von Bruns, Tübingen; Professor Grafe, Halle; Dr. Grimm, general staff physician, Berlin; Professor Richter, Breslau; Professor Simon, Heidelberg; Professor Hueter, Greifswald; Professor Wilms, Berlin; and Dr. Ziemssen, Aachen.

Professor Ernst Leyden, of Strassburg University, has been elected Professor of Internal Diseases, and to the direction of the corresponding department of the Charité, positions made vacant by the death of Louis Traube. He enters upon the duties of the chair with the fall semester. Traube's clinic had been conducted for some time by his son-in-law, Professor Fraentzel. It is a remarkable fact that almost the first official act of Mr. Falk, the Minister of Ecclesiastical Affairs and of Education, was to promote Traube to the position of ordinary professor. This was in 1872. Traube was made privat docent in 1848, and, although in the succeeding twenty-four years he became Schoenlein's assistant, and ultimately had his own clinic on chest diseases, his Jewish proclivities prevented his proper recognition by the Prussian state. His promotion was the direct effect of the policy of Bis-

marck, and his lieutenant, Mr. Falk. It not only recognized the talents of a great man, but indicated the political thought of the German confederation. The renowned Graefe suffered in the same way, having never lectured at the Charité as a professor; the cause of his treatment by Prussia was based, however, on other grounds than those of Traube. I learn that their misfortunes at the hands of the university and the government made them strong personal friends.

A sketch of Virchow as a politician, by Herbert Tuttle, of Berlin, formerly of Boston, is just out of the press of Putnam, of New York. So far as I know, it is the first sketch in English of this versatile genius. He is now the leader of the party of progress (*Fortschrittpartei*), in whose service as a political leader he has worked since the events following the Revolution of 1848. The sketch attributes his early prominence as a politician to his authorship of the *System of Cellular Pathology*. It forms one of nineteen sketches of the book, whose title is *German Political Leaders*. Virchow is classified with the "scholars in politics."

To-day's papers contain the following telegram from Hanover: General staff physician on duty, Dr. Louis Stromeyer, who a short time ago celebrated the fiftieth anniversary of his doctorate, died in Hanover, on the 15th inst. at ten A. M., of apoplexy, in his seventy-third year.

Yours truly,

MED.

BERLIN, PRUSSIA, June 16, 1876.

COMPARATIVE MORTALITY-RATES FOR THE WEEK ENDING JULY 1, 1876.

	Estimated Population.	Total Mortality for the Week.	Annual Death-Rate per 1000 during Week.
New York	1,060,000	636	31
Philadelphia	800,000		
Brooklyn	506,223	268	27
Chicago	420,000	164	20
Boston	375,000	148	20
Providence	100,700	26	13
Worcester	50,000	13	14
Lowell	50,000	19	20
Cambridge	48,000		
Fall River	45,000	18	21
Lawrence	35,000	7	10
Lynn	33,000	10	16
Springfield	31,000	11	18
Salem	26,000	10	20

Normal Death-Rate, 17 per 1000.

MESSRS. EDITORS, — Uleer of the frænum linguæ can hardly be considered now as a new symptom of whooping-cough. Bouchut, of Paris, laid special stress on this very ulceration in his lectures of 1858, and has described them in his book on Diseases of Children.

Yours truly,

H. C.